DEWITT ARMY HEALTH CARE NETWORK
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT BELVOIR, VIRGINIA 22060-5901

STANDING OPERATING PROCEDURES for INFECTION PREVENTION and CONTROL for: **Clinic/Service Name here**

I. PURPOSE. To establish infection prevention and control policies, practices, and procedures to decrease the risk of transmission of infection to patients, visitors and staff.

II. SCOPE. This Standing Operating Procedure (SOP) is a supplement to the DHCN Infection Prevention and Control Manual. It defines the unique aspects of Infection Prevention and Control practices as applicable to all personnel assigned or attached to the Clinic**/Service Name here.**

III. REFERENCES.

MEDDAC Regulation 40-36, Management of Regulated Medical Waste, current edition.

DeWitt Health Care Network (DHCN) Infection Prevention and Control Manual, current edition.

MEDDAC Reg 40-100, DHCS Bloodborne Pathogen Exposure Control Plan, current edition.

MEDDAC Reg 40-26, DHCS TB Exposure Control Plan, current edition.

Garner JS. Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. Infect Control Hospital Epidemiology 1996; 17(1): 53-80.

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) Text of Infection Control and Epidemiology, June 2002.

IV. SCOPE OF PRACTICE.

   a. **Define what you do in your clinic**: *Describe your patient Population:* Example: Dermatology Clinic: Diagnosis and treatment of all skin disorders provided to the active duty, retired military and dependents, emergency medical care of civilians, foreign military and their dependents.

  b. Procedures performed:
    1. Dermatologic surgery including: excisions, punch biopsies, electrodessication/curettage
    2. Liquid nitrogen application
    3. Suture removal
    4. Patch testing
    5. *Photography (UVB)*

V. RESPONSIBILITIES.

  A. The_____, in charge of the **Clinic/Service Name here** will:

  1. Establish, implement, review, and update appropriate infection control procedures as needed.

  2. Ensure the infection control orientation of all newly assigned personnel prior to providing patient care. Unit specific training will also include knowledge of this hospital Bloodborne and TB Exposure Control plans; this SOP and the DHCN Infection Control Manual.

  3. Ensure that all assigned personnel are evaluated for possible infectious disease/infectious disease exposure and are referred for appropriate treatment.

  4. Document employee noncompliance with use of personal protective measures and institute corrective management control.

  5. Procure and maintain supplies and equipment IAW DHCN Infection Prevention and Control Manual and this SOP.

  6. Ensure proper waste disposal and linen management practices.

VI. STANDARD PRECAUTIONS.

  1**. Fill in here how you would implement any special isolation precautions in your area.   Room number, plan, etc.**

HERE IS A SAMPLE from the Peds Clinic SOP:
Varicella – Parents are counseled telephonically regarding risk of transmission and home treatment(s). If an office visit is imminent, the staff meets the parents at the back door, masks the child and places the patient in NS 118 0r NS119. The visit is expedited and the child is discharged. Parents are instructed to exit the facility. Other family members or staff is designated to run errands to the Pharmacy or supply, etc.   If admission is required, the child is held in the negative airflow room in the ER pending transfer to appropriate facility.

  2. R/O Meningitis: For suspected cases of meningitis, droplet precautions are implemented IAW the Infection Control Manual. The patient is placed in any private room.

==3. Lice/scabies. Patient is given a surgical cap and placed in a private room. Staff utilizes contact precautions when providing care and the room is terminally cleaned when the patient is discharged. Infection Control is notified as needed.==

F. Work Areas

1. The dirty utility room *located in the or Room #* is designated as the soiled work area.

a. Single use items are NOT reprocessed. The reusable items sent for sterilization from our areas are: *Suture trays, laceration sets, vasectomy trays.*

b. Instruments are rinsed with water to remove gross soil and are then pre-cleaned by soaking in Enzol *or sprayed with Pro-EZ Foam. [select one]*

c. Soiled surgical instruments are transported in a closed container labeled with a biohazard label.

==2.== The clean utility area is located _____*list location*_____.

3. Sterile water and sterile saline are labeled when opened and are discarded after 24 hours, as they do not contain preservatives.

H. Unit Specific.

List any procedures or practices that are conducted in YOUR AREA that are different from other areas of the hospital.

I. Management of Regulated Medical Waste.

a. RMW containers are available in the following locations: _____
b. Refer to MEDDAC Reg 40-36, Management of Regulated Medical Waste, current edition.

This Infection Control Policy was updated, reviewed and approved on
_____ 2007 by:

SONIA MILLER   Your Name Here
RN, MSN, CIC   STAFF NURSE, NCOIC_____
Hospital Infection Control Officer   Unit / Location here

This policy should be read and revised, if indicated, at least annually.

Date reviewed _____ 2008

Signature/Title_____
Changes required? Yes / No. Forward to Infection Prevention and Control for review of changes.

Date reviewed _____ 2009

Signature/Title_____
Changes required? Yes / No. Forward to Infection Prevention and Control for review of changes.

This policy should be read and revised, if indicated, at least annually.

Date reviewed _____ 2010

Signature/Title_____
Changes required? Yes / No. Forward to Infection Prevention and Control for review of changes.